

Healthcare workers' behaviours and personal determinants affecting sexual and reproductive healthcare service provision to adolescents in South Africa

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Valorization

The findings of this dissertation provide an overview of healthcare workers' behaviours and personal determinants, and their associated factors affecting adequate provision of sexual and reproductive healthcare (SRH) services to adolescents in South Africa (SA). The department of health has adopted some of the recommendations in this dissertation. For example, the school outreach programs, as well as the adaptations in the existing youth clinics currently being implemented in some communities are in line with the strong recommendations from this dissertation, in order to improve adolescents' access to and utilization of SRH services in the country.

Chapter 2 emphasizes the importance of regular monitoring of teenage pregnancy and associated factors in order to determine areas where the department of health can place maximum efforts in designing and implementing programs to help lower the teenage pregnancy rates. Adolescent sexual and reproductive health behaviours, such as contraceptive use and safe sex practices are important health issues in adolescent health and wellbeing, globally. Yet, access to and utilization of SRH services is poor, especially in SA (Wood et al., 2006; Biddlecom et al., 2007). Thus, efforts to improve adolescents' access to and utilization of SRH services from the healthcare systems of SA need to be intensified. Both the department of health and the department of education need to work together in optimizing the SRH services for adolescents in SA. This collaboration is already implemented in some aspects of the public healthcare systems, and has shown some benefits for the communities served. For example, the family planning outreach programs being implemented in some schools in the country have been reported to aid in the reduction of teenage pregnancies and abortions in the areas covered, and improved adolescents' access to and utilization of SRH services. Improved access to and utilization of SRH services by adolescents, especially the use of contraceptives is necessary to improve their sexual and reproductive health outcomes, reduce teenage pregnancy and improve adolescents' health and wellbeing.

The findings in this dissertation provide information on the factors contributing to the poor access to and utilization of SRH services by adolescents, and thereby highlight the specific areas of intervention for improvement. For example, the findings reported in

Chapter 3 point to the limited knowledge and skills of healthcare workers as the underlying factors associated with inadequate quality of SRH services. This dissertation recommends the mandatory inclusion and enforcement of continuous education and trainings of healthcare workers in SRH services within the healthcare systems program as means to address the limited SRH knowledge and skills. Moreover, the findings in Chapters 5 and 6 point to the societal norms and religious beliefs of healthcare workers as the underlying factors associated with their negative behaviours and attitudes towards providing SRH services to adolescents. Engaging community leaders and members in discussions on adolescent sexuality and benefits of family planning services for adolescents, as well as reiterating the professional roles and responsibilities of healthcare workers are amongst the recommendations for addressing the negative societal norms identified by the research reported in this dissertation.

Healthcare workers' negative beliefs, attitudes, lack of knowledge and skills and low self-efficacy in providing SRH services to adolescents are the main determinants of the negative behaviours of healthcare workers, as reported in Chapters 3-6. With regards to the beliefs and attitudes, this dissertation calls for community engagement in order to stimulate support for contraceptive use among young people. Healthcare workers are human beings living in a society that has specific social norms and moral values, thus addressing healthcare workers' beliefs and attitudes that stand in the way of adequate quality SRH service provision to adolescents requires a multilevel approach. The multilevel approach should involve the community members, such as parents, the youth, and the healthcare workers, whereby the benefits of SRH services provision, the beliefs and attitudes related to adolescent sexuality and contraceptive use, and the healthcare professionals' value clarification are discussed.

The foundation for professional development (FPD) in South Africa currently offers continuous professional development (CPD) trainings and refresher courses, which include some of the SRH related trainings and workshops; however, they are not mandatory. Thus, some healthcare workers may not attend these training courses, as they deem them unnecessary and remain behind with new knowledge and information related to SRH services, skills and practices. Hence, this dissertation makes strong recommendation to the department of health and the department of education to highly prioritize continuous SRH education and training of healthcare workers and should be

mandatory to all SRH healthcare workers in order to improve their SRH knowledge and skills. Given the long-term consequences and serious health implications of poor reproductive health outcomes, serious financial investments into the SRH program are needed. Similar to the prioritization and management of HIV/AIDS that was escalated during the peak of the epidemic, the healthcare systems can apply the same strategy in prioritizing SRH services. This needs to be a concerted effort from both government departments, the department of education and the department of health, and a scaling up of human resources in the healthcare systems is necessary to attain the prioritization of SRH services, including the continuous education and training recommendations. Without the necessary human resources, mandatory continuous SRH trainings programs will not be implemented successfully, leaving healthcare workers ill-equipped with recent and up-to-date SRH information.

Poor SRH knowledge and skills is associated with poor self-efficacy and compromises quality of care. The poor quality of care has a potential to deter clients from accessing the SRH services. Therefore, it is important that the healthcare systems invest efforts to improve healthcare workers' SRH knowledge and skills in order to improve the quality of care in SRH services, and ultimately enhance access to utilization of these services. Hence, this dissertation recommends that continuous SRH education and trainings of healthcare workers be incorporated and enforced into the healthcare systems policies for professional development. The importance of comprehensive knowledge and skills to adequately provide SRH services to adolescents cannot be over-emphasized and should be prioritized, as it is critical in improving their access to and utilization of SRH services.

Healthcare workers in public primary healthcare services in SA, particularly nurses, are very critical personnel in the provision of SRH services to adolescents. Thus, healthcare workers' behaviours, personal values, and morale play a significant role in adolescents' access to and utilization of SRH services. Healthcare workers' negative behaviours and attitudes can significantly hinder the provision of adequate quality SRH services to young people, especially to adolescent girls. For adolescents to fully access and utilize SRH services, they need to be served by welcoming and youth-friendly healthcare workers who have a positive attitude towards adolescents seeking SRH services. This recommendation has been partially implemented in the public healthcare systems. However, as reported in Chapters 5 and 6, the youth clinics and SRH services are not

prioritized in some clinics. This dissertation therefore, advocates for the prioritization of adolescents' SRH services within the healthcare systems of SA, at large.

A dedicated healthcare worker for adolescent SRH services, who only attends to adolescents and does not get pulled into other health facility emergencies, could be one way of prioritizing adolescent SRH services. Secondly, a revision of the current health facility working hours to accommodate school-going adolescents could be another way of prioritizing adolescent SRH services. For example, health facilities should be open until after school hours to maximize adolescents' access to SRH services. This can be achieved by allowing the dedicated adolescent healthcare worker to resume his/her working hours a little later than the other healthcare workers. For example, he/she starts work at 11h00 until 19h00 to complete her 8-hour daily working hours.

The National Adolescent Sexual and Reproductive Health and Rights (ASRH&R) Framework Strategy is a starting point for the prioritization of adolescents' SRH services in the country. However, its full implementation cannot be taken for granted. Continuous monitoring and evaluation measures of the strategy's implementation and other SRH guidelines need to be put in place and used to decide on future efforts. Health facility managers and other key personnel in the healthcare systems need to be advocates of the strategy on adolescent SRH services, thereby giving adolescents who are seeking SRH services priority.